Safeguarding adults, homelessness and self-neglect

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Safeguarding adults, homelessness and self-neglect
How do we help people who are homeless be safe(r)? A reminder

- Safe and secure housing
- Income (through benefits or employment)
- Health care
- Connections with others – friends and family who are supportive

Where adults are responsible for children, without this environmental and emotional secure base, the wellbeing and life chances of children are at risk.

_All this sometimes seems scarcely possible to achieve in our current national policy context_

Those most at risk include people whose immigration status limit their access to these key protective factors
Factors that Influence Homelessness

- Health
- Family support
- Trauma or violence
- Bereavement
- Loss of employment
- Eviction
- Institutional care

Local Systems and Services

- Landlord licensing
- Availability/location of services
- Housing allocations policies
- Supported housing and hostels
- Local policing approach

Individual Circumstances

Structural and social factors

- Welfare support
- Housing supply
- Immigration policies
- Fiscal Austerity
- Poverty
- Social exclusion
- Inequality

With thanks to Gill Taylor, Haringey, for this slide
Multiple Exclusion Homelessness

- Marginalisation
- Violence
- Trauma
- Institutional care
- Domestic Violence
- Poverty
- Mental ill health
- Substance misuse
- Cognitive Impairment
- Physical ill health
Deeply personal life stories that reveal many gaps in the themes identified by Prof Michael Preston-Shoot in

*Adult Safeguarding and Homelessness: a briefing on positive practice | Local Government Association*

1. Direct practice with individuals  
2. The multi-agency, multi-disciplinary team around the person  
3. Organisational network that surrounds the team that is working with the person  
4. Governance issues  
5. Legal, policy and financial context

Homelessness and health: vulnerable population, complex needs, tri-morbidity

- Substance Misuse: > 60% history of substance misuse
- Mental Health: 70% reach criteria for personality disorder
- Physical Health: >80% at least 1 health problem, 20% > 3 health problems
  - Hepatitis C: 50x higher
  - TB: 34x higher
  - Heart disease: 8x higher
  - COPD: 13x higher
  - Stroke: 5x higher
  - Epilepsy: 12x higher
  - Onset of related functional impairment 30 years early
  - High prevalence of multimorbidity

With thanks to Dr Caroline Shulman and the Healthy London Partnership for this slide

St Mungos (2010), Homelessness, it makes you sick, Homeless Link Research (n = 700)
Suzanne Fitzpatrick et al (2010) Census survey multiple exclusion homelessness in the UK (n= 1268)
• Additional challenges that when someone who is homeless appears to be self-neglecting:

• Some possible indicators of self neglect when individuals

  • Neglect their hygiene;

  • Don’t eat and drink regularly;

  • Surround themselves with items and possessions they can’t discard regardless of material value;

  • May be experiencing mental health distress that leads to self-neglect.

  • Their health may be deteriorating; and

  • Their bodies or living areas may be infested.

  • Individuals in these circumstances may refuse services – either assertively and directly, or by withdrawing so that their needs are less visible to others.
Without a safe system with an alignment of checks and balances between the different layers of the system, people suffer as a result of homelessness.
| **44 years** is the average age of death for those who are homeless |
| **131 different nationalities** recorded amongst rough sleepers in London, with half born outside the UK |
| **10,726 people** were seen sleeping rough in London in 2019/20 |
| For every person sleeping rough, there are estimated to be **x13 more ‘hidden homeless’** who are sofa surfing, living in cars or in other precarious circumstances |
| The number of rough sleepers in London has gone up **2.5 times in the last 10 years** |
| People experiencing homelessness **use hospital services 4x more than general population** |

320 people were verified sleeping rough in Brent in 2019/20. This is 72 more people than in 2018/19.

Of these: 23% had alcohol support needs, 8% had drug support needs, 8% had mental health support needs, 33% multiple support needs (some combination of alcohol, drugs and mental health needs) and 25% had no support needs.

29.6% of those recorded rough sleeping in Brent in 2019/20 were UK nationals. Central and Eastern European was the highest recorded cohort at 39.7%.

(Source: Annual CHAIN report 2020)
Brent’s response to the government’s Everyone In initiative

- 432 individuals offered accommodation
- 347 people accepted accommodation

<table>
<thead>
<tr>
<th>Support needs of those accommodated</th>
<th>35</th>
<th>11%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance misuse</td>
<td>55</td>
<td>18%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>55</td>
<td>18%</td>
</tr>
<tr>
<td>Substance misuse and alcohol</td>
<td>19</td>
<td>6%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>110</td>
<td>36%</td>
</tr>
<tr>
<td>Substance misuse, alcohol and Mental health</td>
<td>14</td>
<td>5%</td>
</tr>
<tr>
<td>Substance misuse and Mental health</td>
<td>21</td>
<td>7%</td>
</tr>
<tr>
<td>Alcohol and Mental health</td>
<td>20</td>
<td>6%</td>
</tr>
</tbody>
</table>
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Multiple exclusion homelessness – assessing need and planning for care

• Personalised and co-produced approaches always in
  • Assessment
  • Care planning

• Asset focused

• Psychologically informed approaches
  • People who have been let down many times have good reason to mistrust others
  • Trauma informed approaches are very important

• Be aware of the needs of non UK citizens. The national Covid response does enable health partners to address their health needs – in the first instance to protect them, but also to protect public health. Regrettably housing and accommodation provision is becoming increasingly restricted.
Multiple exclusion homelessness – assessing need and planning for care

• Innovation
  • Care package design
  • Identifying and involving people’s existing networks, including peer advocates
  • This takes time

• Multi-disciplinary and multi-agency care planning including risk assessment
  • Include third sector who may serve as trusted assessors
  • Think about Mental Capacity including “executive functioning”

• We all have a duty to keep adults who are homeless safe as part of our “making safeguarding personal” approaches.
There are many ways in which individual and family experience contribute to homelessness and poor physical and mental health. There are also many therapeutic modalities that offer ways of supporting individual recovery. Nevertheless, individual practitioners as well as people who are homeless are located in environments that are often complex.

Individual practice alone is unlikely to be sufficient to support people who are homeless and are at risk of neglect and abuse. Practitioners must remain mindful of the context which supports their work – their team, their organisational arrangements and protocols, and the commitment to enabling governance through their Safeguarding Adult Board’s local arrangements.
When assessing mental capacity with people who are street homeless, it is important to consider “executive functioning”. (See NICE guidance 2018 – Decision Making and Mental Capacity).

If someone lacks the mental capacity to make decisions about their own safety, if we fail to intervene when we know about safeguarding risks, in some circumstances we ourselves may be investigated for our failure to take action.

In some specific circumstances, if we cause harm to someone who is unable to make decisions for themselves we can be charged with an offence under the Mental Capacity Act.
The duty to safeguard an adult at risk is not a ‘gateway’ to a social care assessment process. These are separate duties, meaning the local authority must carry out the relevant functions if, on the face of what they know or could reasonably be expected to know, an adult has an appearance of need for care and support (s9 Care Act) and/or is at risk of abuse and neglect and unable to protect themselves (s42 Care Act).

Quote from a toolkit on safeguarding and homelessness published in draft by CASCAIDr in collaboration with Voices of Stoke

https://www.voicesofstoke.org.uk/2020/06/01/multiple-exclusion-homelessness-a-safeguarding-toolkit-for-practitioners/
Supportive Multi-Agency Response team

smartduty@brent.gov.uk for enquiries regarding referrals for people with complex needs (MH, Homelessness, physical health and substance misuse)
THE TEAM

• Manager with Mental Health and Social Care Background
• 1 x’s Advanced Practitioner
• 1x’s Social workers with MH background
• Occupational Therapist
• Senior Practitioner Drug and Alcohol worker
• Drug and Alcohol Recovery worker
• Dedicated Community Housing Officer
• 2 x’s Supportive Outreach Officers

Posts are Joint funded by Brent LA, WDP, Housing and CNWL
Referrals and Partnership working

Social Prescribers

IDVA

WDP

CMARAC

Hestia & NIA

Primary Care Teams

St Mungo’s Outreach & Housing First Services

Brent LA Housing

Probation

Ashford Place

Secondary Mental Health Services

Rough Sleepers Initiative CPN

Crisis Skylight and Outreach

Brent
Mr A was born in Pakistan, lived in Afghanistan, and moved to the UK in the 1970s. He worked as a bricklayer for a number of years. He is in his early 60s.

He was evicted from his housing association flat for rent arrears.

He is sleeping rough in an alleyway on a suburban high street.

He has a diagnosis of schizophrenia and displays both negative and positive symptoms.

He has been discharged from mental health services due to lack of engagement.

He drinks alcohol throughout the day.

He is not registered with a GP.
Case study – Mr A – share ideas on the chat

• What issues, from the case study, indicate that Mr A is at high risk?
Case Study

- Mr A was found dead at his rough sleeping site in the morning after a bitterly cold, snowy night.

- On post-mortem examination Mr A was found to have died from Pulmonary Oedema and Pneumonia and Hypertensive heart and kidney disease. He died a month before his 64th birthday.

- The circumstances of his care and death were the subject of an Adult Safeguarding review (pre Care Act)
How To Make A Referral

Please either telephone Brent Front Door asking to speak with the Adult Safeguarding Team on 020 8937 4098 / 4099 or send an email to safeguardingadults@brent.gov.uk

The website address is https://www.brent.gov.uk/services-for-residents/adult-social-care/preventing-and-reporting-abuse/
Resources

Voices of Stoke Toolkits for assessing adults who experience multiple exclusion homelessness
https://www.voicesofstoke.org.uk/care-act-toolkit/
https://www.voicesofstoke.org.uk/2020/06/01/multiple-exclusion-homelessness-a-safeguarding-toolkit-for-practitioners/


King’s College Safeguarding and Homelessness research programmes - https://www.kcl.ac.uk/scwru/res/atoz

A comprehensive picture of homelessness available in the Crisis Homelessness Monitor which is updated yearly [https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/](https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/)

HEE’s All our Health – Homelessness module - [https://www.e-lfh.org.uk/programmes/all-our-health/](https://www.e-lfh.org.uk/programmes/all-our-health/) - open access e-learning module on the health issues experienced by people who are homeless

User experience briefings about being homeless during the pandemic are published regularly on [https://groundswell.org.uk/monitoring-covid-19/](https://groundswell.org.uk/monitoring-covid-19/)

Adult Safeguarding and Homelessness: a briefing on positive practice – very comprehensive up-to-date document based on 4 national workshops

Local Government Association webinars

**Adult safeguarding and homelessness: foundations for positive practice in safeguarding people who are homeless, 17 December 2020 | Local Government Association**

**Commissioning and provider services: safeguarding people experiencing homelessness, 13 January 2021 | Local Government Association**

**Learning lessons from the response to COVID-19: safeguarding people experiencing homelessness, 25 January 2021 | Local Government Association**

**Psychologically-informed and reflective practice: safeguarding people experiencing homelessness, 18 January 2021 | Local Government Association**

**Legal literacy: safeguarding people experiencing homelessness, 15 February 2021 | Local Government Association**

**Tackling specific issues: safeguarding people experiencing homelessness, 1 March 2021 | Local Government Association**

**Governance: adult safeguarding and homelessness, 23 February 2021 | Local Government Association**

**Making every adult matter and every contact count: Safeguarding people experiencing homelessness, 8 March 2021 | Local Government Association**
Resources

GP registration

Homeless health elearning - Healthy London Partnership

'My right to access healthcare' resources - Healthy London Partnership Partnership

'My Right to Healthcare' Cards – Groundswell

Mental Health and Mental Capacity assessments for people sleeping rough (follow on from the circumstances of Mr A’s untimely and sad death)

Mental Health Service Interventions for People Sleeping Rough - Pathway